



The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

Instructions for Anesthesia Permit

Application and Permit Fee-

A fee of \$120 must accompany application. Check or money order must be made payable to the Commonwealth of Massachusetts. Please attach the documentation that pertains to the application permit(s).

For **PERMIT A** enclose **either** of the following:

- 1) Evidence of successful completion of one year advanced training beyond dental school level
or
- 2) Certification by the American Board of Oral and Maxillofacial Surgeons **or**
- 3) Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

For **PERMIT B** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2

For **PERMIT C** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.

This application should only be submitted **after** determining that the requirements in 234 CMR 3.00 Administration of General Anesthesia, Deep Sedation, Conscious Sedation and Nitrous-Oxide, Oxygen Sedation have been met. To obtain a copy of 234 CMR Dental Rules and Regulations visit the website at www.mass.gov/dph/boards and link to the Board of Dentistry or call the State House Bookstore, Room 116, Boston, MA 02133 at Phone # (617) 727-2834 for document, fees and mailing instructions.



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee: _____
Site Inspection: _____ Yes _____ No
Date/Inspect _____
Exec. Dir.: _____

ANESTHESIA PERMIT APPLICATION

NOTE: APPLICANTS FOR AN ANESTHESIA PERMIT CAN ONLY HOLD ONE TYPE OF PERMIT (A or B or C)

1. Applicant Name: _____
Last First Middle

2. Mailing Address: _____
No. Street Apt.#

City/Town State Zip Code

3. Business Name/Doing Business As: _____

4. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

5. Telephone Number-Day: _____ Cell: _____

6. _____
MA License Number

7. **SOCIAL SECURITY NUMBER (MANDATORY)** _____ - _____ - _____ Pursuant to MGL c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 ADMINISTRATION OF GENERAL ANESTHESIA, PARENTERAL SEDATION AND/OR CONSCIOUS SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature

AA 2

() **PERMIT A**

General Anesthesia, Deep Sedation, Conscious Sedation, and Nitrous-Oxide Oxygen Sedation

I have attached documentation of **one** of the following:

- ☐ Successful completion of one year advanced training in anesthesiology beyond dental school level.
- ☐ Certification by the American Board of Oral and Maxillofacial Surgeons.
- ☐ Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

List all practice locations, including hospitals, where permit holder will provide services within scope of Permit A:

<u>Print Address of Facility</u>	<u>Phone</u>	<u>Owner/ Supervising Dentist</u>	<u>Facility Permit Number</u>
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____

() **PERMIT B**

Conscious Sedation

- ☐ I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.

List all practice locations, including hospitals, where permit holder will provide services within scope of Permit B:

<u>Print Address of Facility</u>	<u>Phone</u>	<u>Owner/ Supervising Dentist</u>	<u>Facility Permit Number</u>
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____

() **PERMIT C**

Nitrous-Oxide Oxygen Sedation Only

- ☐ I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety Dentistry, Parts 1 and 2.

List all practice locations, including hospitals, where permit holder will provide services within scope of Permit C:

<u>Print Address of Facility</u>	<u>Phone</u>	<u>Owner/ Supervising Dentist</u>	<u>Facility Permit Number</u>
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____
_____ () _____	_____	_____	No. _____